PR001

Preliminary Report of Accident

U.S. Department of Labor Mine Safety and Health Administration



20-21pt -12								
1. Accident Type: 2. Accident Classif		ssification	ation		3. Date/Time of Accident		4. Date/Time of Death	
Fatal Injury Slip or Fall of Person		of Person		04/25/2012	2 09:15 AM	04/25/2012	09:15 AM	7
6. Mine Information :								
a) Mining Company Name		b) Mine Name				c) Parent of Minin	g Company	
McCoy Elkhorn Coal Con	o .	KC #1				James River Co	al Company	
7. Mine Location :	b) (b) County c) State			8. Mine ID Number: 9. Union:			
Mousie		Knott		KY		15-1874	7	NO
10. Primary Mineral Mined:		11. Number of Mine Employees:	a) Total l	o) Underground	c) Open Pi	t/Quarry d)	Mill/Prep Plant	e) Other
BITUMINOUS		Wille Employees:			1		146	
12. Contractor Name: T&B Transport				13. Unio		nion NO		ctor ID Number:
15. Contractor Address: a) City				b) County			c) State d) Zip Code	
Prestonsburg			•			•		•
	-\T-4-1	Floyd I b) Underground c) Open Pit/Quarry			d) Mill/Prep Plant e) Other			
16. Number of Contractor En	ipioyees:	•) Underground	с) Оре	n PivQuarry	a) MIKI/	rrep riant	e) Other
17. Number of Persons in Min	e at Time of Acc	5 ident:		18. Number o	of Persons Unac	counted For:		
a) Mine Employees: b) Contractor Employees: 5				a) Mine Employees: 0 b) Contractor Employees: 0				
19) Location of Accident		,						20. Mining Height:
01-Underground		03-Open Pit	07-Advance	e Mining	30-Mill/Pre	p Plant 🔲 O	ther (specify)	Feet Inches
X 02-Surface at Undergrou	ınd 🗌	06-Dredge Mining	08-Retreat	t Mining [99-Office F	acility		
21. Nonfatal Injuries:	22. F	atal Injuries:						
23. Victim Information :		a) Name	<u> </u>	b) Age				
25. Victim information .	Delm	er Miller		61				
c) Regular Job Title:		d) Activit	y at Time of Acc					
Torchman				Dismantline	g stacker con	veyor belt	X C	ontractor Employee
24. Experience: Years We	eks Days	Years We	eks Days		Years Wee	ks Days		Years Weeks Days
a) Total: 20) at the mine:	3 c) a	t activity (23d)			h Contractor	3
25. Autopsy Performed: If Yes, Location					26. Mine Telephone No.:			
YES Frankfort, Kentucky						(60	06) 946-2805	
27. Description of Accident (in								
The victim was in the prod	ess of disman	tling the conveyor sta	cker belt from	the surface are	a of an inacti	ve underground	coal mine. W	hen the victim
completed the final torch of walkway (catwalk) where t	tut from the ele the victim was	located down slope.	r rrame suppo This section of	the walkway (ontained the d catwalk), appi	xounter-weignt, ti roximatelv 25 fe∈	ne structure re et in lenath, bro	ii contacting the oke loose from the
main structure causing the				, ,	,, .,.		3 ,	
The information provided in t		d on preliminary data Ol	NLY and does no	t represent final	determinations	regarding the natu	re of the inciden	t or conclusions
regarding the cause of the acc 28. Equipment Manufacturer					29. Model:			
20. Aquipment Manutacturer	·				25. Model.			
30. District:		32. Field Off	32. Field Office:				33. Event Number:	
C0600 Pikev		t t	Hindma	n VV		1	4202	
	ille		1 111 1011116				4202	292
34. Accident Investigator:	ille		35, MSHA Per	rson Notified:	····		Date	Time
Steaven D. Caudill	ille		35. MSHA Per	rson Notified: M. Bates				
Steaven D. Caudill 36. Type of Report:	tial	37. Name of Preparer	35. MSHA Per	rson Notified: M. Bates ed:			Date	Time 09:43 A